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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF GEORGIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Jamie First name Scott Middle name Sirmans Last name and Suffix (Sr., Jr., II, III) | Charity First name Christian Middle name Sirmans Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | Charity Christian Mixon Charity Christian Hargroves |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4739 | xxx-xx-6367 |

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Debtor 1 Jamie Scott Sirmans
Debtor 2 Charity Christian Sirmans

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|---|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) EINs | ■ I have not used any business name or EINs. Business name(s) EINs | | | |
| 5. | Where you live | 2145 East Central Ave. | If Debtor 2 lives at a different address: | | | |
| | | Moultrie, GA 31788 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Colquitt | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Debtor 2 **Charity Christian Sirmans** Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Jamie Scott Sirmans

Debtor 1

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Jamie Scott Sirmans
Charity Christian Sirmans

| Der | Charity Christian | Sirmans | | | Case Humber (II known) |
|-----|---|---------------|--|-------------------------------------|---|
| | | | | | |
| Par | Report About Any Bu | sinesses | You Own | as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Sta | te & ZIP Code |
| | separate sheet and attach it to this petition. | | Check | the appropriate bo | ox to describe your business: |
| | · | | | | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | lefined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business | deadline | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | | |
| | debtor? For a definition of small | ■ No. | I am n | ot filing under Char | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | y Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | |
| | of imminent and | — 100. | What is t | he hazard? | |
| | identifiable hazard to public health or safety? | | | | |
| | Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | |
| | illillediate attention: | | , | iii, ie ii iieedaa. | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | |
| | a.gom ropano. | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Debtor 1

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Debtor 1 Jamie Scott Sirmans
Debtor 2 Charity Christian Sirmans

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-70844 Doc 1 Filed 07/20/18 Entered 07/20/18 10:13:31 Desc Main Document Page 6 of 64

| | tor 1 Jamie Scott Sirmator 2 Charity Christian | | Document | r age o c | Case number | (if known) | | | | |
|-----|--|------------------------|---|--------------------------------|--|--|--|--|--|--|
| Par | | | | | | | | | | |
| | What kind of debts do | 16a. | Are your debts primarily const | | | ed in 11 U.S.C. § 101(8) as "incurred by an | | | | |
| | you have? | | individual primarily for a persona No. Go to line 16b. | | | | | | | |
| | | | Yes. Go to line 17. | | | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain | | | | | | | |
| | | | money for a business or investm | | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | | |
| | | 160 | Yes. Go to line 17. | that are not consu | mar dabta ar businasa | dobto | | | | |
| | | 16c. | State the type of debts you owe | inat are not consu | mer debts or business | uebis | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. (| Go to line 18. | | | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do y are paid that funds will be availal | | | ty is excluded and administrative expenses | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 | | | | |
| | | 50-99 | | □ 5001-10,000 □ 10,001-25,0 | | ☐ 50,001-100,000 ☐ More than100,000 | | | | |
| | | ☐ 100-1 ☐ 200-9 | | 1 0,001-25,0 | _ 10,001 20,000 more manages | | | | | |
| 19. | How much do you | □ \$0 - \$ | \$50,000 | □ \$1,000,001 | - \$10 million | ☐ \$500,000,001 - \$1 billion | | | | |
| | estimate your assets to be worth? | | 001 - \$100,000 | □ \$10,000,00° | | □ \$1,000,000,001 - \$10 billion | | | | |
| | | | ,001 - \$500,000 ,001 - \$1 million | | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | |
| 20 | Uaur much da vau | | | | • | — | | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ □ \$50.0 | \$50,000 001 - \$100,000 | □ \$1,000,001 □ \$10,000,00 | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | | | | |
| | to be? | | ,001 - \$500,000 | □ \$50,000,001 - \$100 million | | □ \$10,000,000,001 - \$50 billion | | | | |
| | | □ \$500 | ,001 - \$1 million | □ \$100,000,00 | 01 - \$500 million | ☐ More than \$50 billion | | | | |
| Par | 7: Sign Below | | | | | | | | | |
| For | you | I have ex | xamined this petition, and I declare | under penalty of | perjury that the informa | tion provided is true and correct. | | | | |
| | | | chosen to file under Chapter 7, I a states Code. I understand the relief | | | nder Chapter 7, 11,12, or 13 of title 11, ose to proceed under Chapter 7. | | | | |
| | | | torney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ent, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | |
| | | I reques | est relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| | | | tcy case can result in fines up to \$2 | | | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | |
| | | | ie Scott Sirmans | | /s/ Charity Christian | | | | | |
| | | | Scott Sirmans re of Debtor 1 | | Charity Christian Signature of Debtor 2 | | | | | |
| | | Execute | d on July 20, 2018 | | Executed on July | 20, 2018 | | | | |
| | | | MM / DD / YYYY | | | DD / YYYY | | | | |

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| Jamie Scott Sirmans Charity Christian Sirmans | Case number (if known) | |
|---|------------------------|--|
| | _ | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Frank H | l Carter | Date | July 20, 2018 |
|-----------------|-------------------------------------|---------------|-----------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Frank H C | arter 574042 | | |
| Carter, Ca | rter, Carter, Attorneys at Law, LLC | | |
| Firm name | | | |
| 309 N Pari | rish Ave | | |
| PO Box 38 | 31 | | |
| Adel, GA 3 | 31620 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 229-896-4513 | Email address | jackwcarter1@windstream.net |
| 574042 GA | A | | |
| Bar number & S | tate | | |

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| | 170(.11111 | eni Paue o di 04 | |
|--------------------------|--|---|--|
| nation to identify your | case: | | |
| Jamie Scott Sirm | ans | | |
| First Name | Middle Name | Last Name | |
| Charity Christian | Sirmans | | |
| First Name | Middle Name | Last Name | |
| nkruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA | |
| | | | |
| | | | |
| | Jamie Scott Sirm First Name Charity Christian First Name | Jamie Scott Sirmans First Name Middle Name Charity Christian Sirmans First Name Middle Name | Jamie Scott Sirmans First Name Middle Name Last Name Charity Christian Sirmans First Name Middle Name Last Name |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page

| | | Your a | ssets of what you own |
|-----|--|------------|--------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 145,255.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 10,420.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 155,675.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 119,366.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 73,492.21 |
| | Your total liabilities | \$ | 192,858.21 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,946.93 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,935.00 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Jamie Scott Sirmans Document Page 9 of 64

Debtor 2 Charity Christian Sirmans Case number (if known)

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,001.45

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Ca | ase 18-70844 Do | | 07/20/18 ument | Entered 07/20/1 | 8 10:13: | 31 Des | вс Ма | in |
|----------------------|---|---|--|---|--|---------------------------|----------------|-----------|---|
| Fill | in this infor | nation to identify your ca | se and this filing | j: | | | | | |
| Deb | otor 1 | Jamie Scott Sirmar | ıs | | | | | | |
| | | First Name | Middle Name | | Last Name | | | | |
| | otor 2 use, if filing) | Charity Christian S First Name | irmans Middle Name | | Last Name | | | | |
| | | nkruptcy Court for the: N | IIDDLE DISTRICT | Γ OF GEORGI | | | | | |
| | se number _ | | | | - | | | | eck if this is an |
| n ea hink nfor | chedul ch category, s it fits best. B mation. If mor ver every ques | e as complete and accurate e space is needed, attach a s | tems. List an asset as possible. If two separate sheet to th | married people his form. On the | n asset fits in more than one are filing together, both are top of any additional pages, n or Have an Interest In | equally respo | nsible for su | oplying c | orrect |
| | No. Go to Par Yes. Where i | | ŕ | | | | | | |
| 1.1 | | | What | is the property | ? Check all that apply | | | | |
| | | enson Rd. if available, or other description | | Single-family h Duplex or mult Condominium | i-unit building | the amount of | of any secured | claims o | emptions. Put n <i>Schedule D:</i> d by Property. |
| | Boston | | 6-0000 | Manufactured Land | or mobile home | Current valuentire proper | | | t value of the you own? \$145,255.00 |
| | | | □ Who | Timeshare Other has an interest Debtor 1 only | in the property? Check one | | simple, tena | | rship interest he entireties, or |
| | Thomas County | | prope | Debtor 2 only Debtor 1 and E At least one of | the debtors and another ou wish to add about this iten on number: | (see instr | , | munity p | roperty |

\$145,255.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Debt | | harity Christian Sirma | ns | Case number (if known) | |
|------|--------------------------|-----------------------------------|--|---|---|
| _ | | trucks, tractors, sport ut | ility vehicles, motorcycles | | |
| | | | | | |
| | Yes | | | | |
| 3.1 | Make: Model: | Ford Escort | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: nims Secured by Property. |
| | | 1999 nate mileage: 230 ormation: | Debtor 2 only Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | | | Check if this is community property (see instructions) | <u>\$255.00</u> | \$255.00 |
| 3.2 | Make: Model: Year: | Pontiac Montana 2000 | Who has an interest in the property? Check one Debtor 1 only Debtor 2 only | the amount of any secur Creditors Who Have Cla Current value of the | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. Current value of the |
| | | nate mileage: 240 formation: | Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | | | ☐ Check if this is community property (see instructions) | \$230.00 | \$230.00 |
| 3.3 | Make: Model: | Ford Five Hundred | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| | | nato miloago. | Debtor 2 only ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another ☐ Check if this is community property (see instructions) | \$675.00 | \$675.00 |
| 3.4 | Make: Model: | Dodge Dakota | Who has an interest in the property? Check one ☐ Debtor 1 only | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| | | 1999 nate mileage: 250 formation: | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | | | Check if this is community property (see instructions) | \$1,525.00 | \$1,525.00 |
| 3.5 | Make: | Dodge Durango | Who has an interest in the property? Check one □ Debtor 1 only | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: ims Secured by Property. |
| | Year: | 2004 | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | formation: | ☐ At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$2,875.00 | \$2,875.00 |

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| Debtor 1 Debtor 2 | Jamie Scott Charity Chri | Sirmans stian Sirmans | | Ca | ase number (if knowi | n) | |
|----------------------|--|---|--|-----------------------------|-------------------------------------|---------------|--|
| | | | nd other recreational veh atercraft, fishing vessels, s | | | | |
| □ No | | | | | | | |
| ■ Yes | | | | | | | |
| 4.1 Mal | ke: Tadpole/ | Boat | Who has an interest in t | ne property? Chark and | | | |
| | | Боаг | _ | ic property: Check one | the amount of a | ny secured | ims or exemptions. Put I claims on Schedule D: |
| Mod Yea | | | ☐ Debtor 1 only ☐ Debtor 2 only | | Creditors Who I | Have Clain | ns Secured by Property. |
| . 00 | | | ■ Debtor 1 and Debtor 2 | only | Current value of entire property | | Current value of the portion you own? |
| Oth | er information: | | ☐ At least one of the deb | = | | | |
| | | | Check if this is comm (see instructions) | nunity property | \$20 | 0.00 | \$200.00 |
| | | | | | | | |
| | | | | | | | |
| | | | vn for all of your entries f that number here | | | | \$5,760.00 |
| | | | | | | | |
| | | nal and Household I | | | | | |
| Do you o | wn or have any l | egal or equitable ir | nterest in any of the follow | wing items? | | p D | urrent value of the ortion you own? o not deduct secured |
| Housel | nold goods and f | urnishings | | | | C | aims or exemptions. |
| Examp | | | s, china, kitchenware | | | | |
| □ No | | | | | | | |
| ■ Yes | Describe | | | | | | |
| | | Livingroom set | t, Dining room set, 6 B | eds, 2 dressers, 5 ch | est of | | \$2,000.00 |
| | | | | | | | |
| . Electro | nics | | | | | | |
| Examp | | , , | leo, stereo, and digital equ nedia players, games | ipment; computers, printe | ers, scanners; music | collectio | ns; electronic devices |
| □ No | moldanig cen | priories, carrieras, i | nedia piayers, games | | | | |
| ■ Yes | Describe | | | | | | |
| | | 1 | | | | | |
| | | 5 Tvs, blueray | p computers. 2 game o plaver | consoles, 4 tablets, 2 | 2 pnones, | | \$1,000.00 |
| | | | F , | | I | | |
| | | figurines; paintings, ons, memorabilia, co | , prints, or other artwork; bo | ooks, pictures, or other ar | t objects; stamp, co | in, or bas | eball card collections; |
| ■ No | | ,, | | | | | |
| ☐ Yes. | Describe | | | | | | |
| | nent for sports and les: Sports, photo | | nd other hobby equipment | bicycles, pool tables, go | lf clubs, skis; canoe | s and kay | /aks; carpentry tools; |
| □ No | musical instru | uments | | | | | |
| _ | Describe | | | | | | |
| _ 103 | Describe | | | | | | |
| | | Kids Bikes, Ad | ult Bike | | | _ | \$100.00 |
| | | | | | | | |
| 0. Firear Exam | | s, shotguns, ammun | ition, and related equipmen | nt | | | |
| ■ No | , | ., | , rolatos oquipinoi | | | | |
| ☐ Yes. | Describe | | | | | | |

Entered 07/20/18 10:13:31 Case 18-70844 Doc 1 Filed 07/20/18 Desc Main Page 13 of 64 Document **Jamie Scott Sirmans** Debtor 1 Debtor 2 **Charity Christian Sirmans** Case number (if known) 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$200.00 Clothing & Accessories 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$1,000.00 Costume Jewelry, Wedding Rings 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$4,300.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **Checking Account Suntrust Bank** \$350.00 17.1. **Savings Account Suntrust Bank** \$10.00 17.2 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No

Official Form 106A/B

Schedule A/B: Property

% of ownership:

☐ Yes. Give specific information about them.....

Name of entity:

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| | pebtor 1 Jamie Scott Sirmans pebtor 2 Charity Christian Sirmans | Case number (if known) |
|-----|--|--|
| | Onanty Christian Christian | |
| 20. | Government and corporate bonds and other negotiable and non-negotiable instruments include personal checks, cashiers' checks, prom Non-negotiable instruments are those you cannot transfer to someone by No | ssory notes, and money orders. |
| | ☐ Yes. Give specific information about them Issuer name: | |
| 21. | . Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings | accounts, or other pension or profit-sharing plans |
| | ■ No □ Yes. List each account separately. Type of account: Institution na | me: |
| 22. | Security deposits and prepayments Your share of all unused deposits you have made so that you may contine Examples: Agreements with landlords, prepaid rent, public utilities (election) | |
| | ■ No □ Yes Institution na | me or individual: |
| 23. | B. Annuities (A contract for a periodic payment of money to you, either for I | fe or for a number of years) |
| | ■ No □ Yes Issuer name and description. | |
| 24. | Interests in an education IRA, in an account in a qualified ABLE prog 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ram, or under a qualified state tuition program. |
| | Yes Institution name and description. Separately file the | records of any interests.11 U.S.C. § 521(c): |
| 25. | Trusts, equitable or future interests in property (other than anything ■ No □ No. Cite possific information about them | listed in line 1), and rights or powers exercisable for your benefit |
| | Yes. Give specific information about them | |
| 26. | Patents, copyrights, trademarks, trade secrets, and other intellectual Examples: Internet domain names, websites, proceeds from royalties an No | |
| | Yes. Give specific information about them | |
| 27. | Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association No | noldings, liquor licenses, professional licenses |
| | ☐ Yes. Give specific information about them | |
| M | loney or property owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | 3. Tax refunds owed to you | |
| | ■ No □ Yes. Give specific information about them, including whether you already | dy filed the returns and the tax years |
| 29. | Family support Examples: Past due or lump sum alimony, spousal support, child suppor No | t, maintenance, divorce settlement, property settlement |
| | ☐ Yes. Give specific information | |
| 30. | Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else | its, sick pay, vacation pay, workers' compensation, Social Security |
| | ■ No □ Yes. Give specific information | |

Entered 07/20/18 10:13:31 Case 18-70844 Doc 1 Filed 07/20/18 Desc Main Page 15 of 64 Document **Jamie Scott Sirmans** Debtor 1 Debtor 2 **Charity Christian Sirmans** Case number (if known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$360.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

■ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Jamie Scott Sirmans Debtor 1 Debtor 2 Case number (if known) **Charity Christian Sirmans** Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$145,255.00 56. Part 2: Total vehicles, line 5 \$5,760.00 Part 3: Total personal and household items, line 15 57. \$4,300.00 Part 4: Total financial assets, line 36 58. \$360.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

62. **Total personal property.** Add lines 56 through 61... \$10,420.00 Copy personal property total

Part 7: Total other property not listed, line 54

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$155,675.00

\$10,420.00

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| | | I A A A A A A A A A A A A A A A A A A A | | | |
|---------------------|--------------------------|---|-----------|---|-----------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Jamie Scott Sirm | ans | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Charity Christian | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA | | |
| Case number | | | | | |
| (if known) | | | | - | Check if this i |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 911 Stephenson Rd. Boston, GA 31626 Thomas County | \$145,255.00 | | \$25,889.00 | O.C.G.A. § 44-13-100(a)(1) |
| 9.15 Acres & Home Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1999 Ford Escort 230000 miles | \$255.00 | | \$255.00 | O.C.G.A. § 44-13-100(a)(3) |
| Line from Scriedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2000 Pontiac Montana 240000 miles Line from Schedule A/B: 3.2 | \$230.00 | | \$230.00 | O.C.G.A. § 44-13-100(a)(3) |
| 2.10 110.11 60/1000.00 / 1/2. 012 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2006 Ford Five Hundred 210000 miles | \$675.00 | | \$675.00 | O.C.G.A. § 44-13-100(a)(3) |
| Line Holli Schedule A/B. 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1999 Dodge Dakota 250000 miles | \$1,525.00 | | \$1,525.00 | O.C.G.A. § 44-13-100(a)(3) |
| Line from Schedule A/D. 9.4 | | | 100% of fair market value, up to any applicable statutory limit | |

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Charity Christian Sirmans Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2004 Dodge Durango 163000 miles O.C.G.A. § 44-13-100(a)(3) \$2,875.00 \$2,875.00 Line from Schedule A/B: 3.5 100% of fair market value, up to any applicable statutory limit 1984 Tadpole/Boat O.C.G.A. § 44-13-100(a)(6) \$200.00 \$200.00 Line from Schedule A/B: 4.1 П 100% of fair market value, up to any applicable statutory limit Livingroom set, Dining room set, 6 O.C.G.A. § 44-13-100(a)(4) \$2,000.00 \$2,000.00 Beds, 2 dressers, 5 chest of drawers. Linen & Misc items. П 100% of fair market value, up to Line from Schedule A/B: 6.1 any applicable statutory limit Laptop, desktop computers. 2 game O.C.G.A. § 44-13-100(a)(4) \$1.000.00 \$1,000.00 consoles, 4 tablets, 2 phones, 5 Tvs, blueray player 100% of fair market value, up to Line from Schedule A/B: 7.1 any applicable statutory limit Kids Bikes. Adult Bike O.C.G.A. § 44-13-100(a)(6) \$100.00 \$100.00 Line from Schedule A/B: 9.1 100% of fair market value, up to any applicable statutory limit Clothing & Accessories O.C.G.A. § 44-13-100(a)(4) \$200.00 \$200.00 Line from Schedule A/B: 11.1 П 100% of fair market value, up to any applicable statutory limit Costume Jewelry, Wedding Rings O.C.G.A. § 44-13-100(a)(5) \$1,000.00 \$1,000.00 Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit **Checking Account** O.C.G.A. § 44-13-100(a)(6) \$350.00 \$350.00 **Suntrust Bank** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Savings Account** O.C.G.A. § 44-13-100(a)(6) \$10.00 \$10.00 **Suntrust Bank** Line from Schedule A/B: 17.2 П 100% of fair market value, up to any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No П Yes

Jamie Scott Sirmans

Debtor 1

| | Case | 18-70844 | Doc 1 | Filed 07/20/18 Document | Entero Page 1 | ed 07/20/18 10:1 9 of 64 | L3:31 Desc N | ⁄lain |
|---|--|---|---|---|---|---|--------------------------|----------|
| Fill i | n this informatio | n to identify you | ır case: | 120,021,110,211 | 1 11(11) | .7 (7) (7= | | |
| Debt | | amie Scott Sir | | dle Name | Last Name | | | |
| Debte (Spous | | harity Christia st Name | n Sirmans | | Last Name | | | |
| Unite | ed States Bankrup | otcy Court for the | : MIDDLE | DISTRICT OF GEORG | GIA | | | |
| Case number(if known) | | | | | | c if this is an ded filing | | |
| | cial Form 10 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | lava Claima | Coouma | d by Dropout | | 4044 |
| SCr | nedule D: | Creditors | s wno r | lave Claims | Secure | d by Property | <u> </u> | 12/15 |
| s nee | | | | | | qually responsible for su On the top of any addition | | |
| . Do a | any creditors have | claims secured b | y your proper | ty? | | | | |
| | No. Check this | box and submit t | his form to th | ne court with your other | schedules. | You have nothing else to | report on this form. | |
| | Yes. Fill in all o | f the information | below. | | | | | |
| Part | 1: List All Sec | cured Claims | | | | | | |
| 2. Lis | t all secured claim | s. If a creditor has | more than one | secured claim, list the cre | ditor separate | Column A | Column B | Column C |
| | | | is a particular claim, list the other creditors in Part 2. As tical order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any | |
| 2.1 | Nationstar/mr | . Cooper | Describe th | e property that secures t | the claim: | \$119,366.00 | \$145,255.00 | \$0.00 |
| | 350 Highland Lewisville, TX | | 31626 TI 9.15 Acre | henson Rd. Boston homas County es & Home ate you file, the claim is: | | | | |
| - | Number, Street, City, S | | Unliquid | | | | | |
| | | | ☐ Disputed | | | | | |
| _ | owes the debt? | Check one. | _ | ien. Check all that apply. | | | | |
| | ebtor 1 only ebtor 2 only | | An agree car loar | ement you made (such as i | mortgage or s | ecured | | |
| ■ De | ebtor 1 and Debtor 2 | 2 only | ☐ Statutory | / lien (such as tax lien, med | chanic's lien) | | | |
| At least one of the debtors and another | | ☐ Judgment lien from a lawsuit | | | | | | |
| | heck if this claim re ommunity debt | elates to a | Other (in | ncluding a right to offset) | | | | |
| Date | debt was incurred | Opened 07/14 Last Active 3/29/18 | l aet | 4 digits of account numl | _{ber} 1431 | | | |
| Date | ucot was illoulled | 3123110 | | - algits of account fluing | | | | |
| | | | | | | | | |

\$119,366.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$119,366.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| _ | | Document | Page 20 of | 64 | | | | |
|------------------------------------|--|--|--|--------------------------|-----------------|------------|--------------------|--------|
| Fill in this info | rmation to identify your case | 9 : | | | | | | |
| Debtor 1 | Jamie Scott Sirmans | 1 | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | Charity Christian Sir | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States E | Bankruptcy Court for the: M | IDDLE DISTRICT OF GEOF | RGIA | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | | Check | if this is an | ļ |
| | | | | | | amend | ed filing | |
| O#: -: -! = - | 400E/E | | | | | | | |
| Official For | | | | | | | 4044 | |
| Schedule | E/F: Creditors Who | Have Unsecured | Claims | | | | 12/15 |) |
| Schedule D: Credeft. Attach the Co | cutory Contracts and Unexpired litors Who Have Claims Secured ontinuation Page to this page. If umber (if known). | by Property. If more space is | needed, copy the Par | t you need, fill it out, | number the | entries ir | the boxes | |
| Part 1: List | All of Your PRIORITY Unsec | ured Claims | | | | | | |
| 1. Do any cred | itors have priority unsecured cla | aims against you? | | | | | | |
| ☐ No. Go to | Part 2. | | | | | | | |
| Yes. | | | | | | | | |
| identify what possible, list | our priority unsecured claims. If a type of claim it is. If a claim has be the claims in alphabetical order ac te than one creditor holds a particu | th priority and nonpriority amour cording to the creditor's name. If | nts, list that claim here a f you have more than tw | and show both priority a | nd nonpriori | ty amount | s. As much a | as |
| (For an expla | anation of each type of claim, see the | he instructions for this form in the | e instruction booklet.) | | | | | |
| , , | , | | , | Total claim | Priority amount | | Nonpriority amount | у |
| 2.1 Georg | jia Department of Revenu | e Last 4 digits of accou | ınt number | \$0.00 | | \$0.00 | | \$0.00 |
| , | Creditor's Name | | | | | | | |
| | :- Bankruptcy Century Blvd NE, Suite 91 | When was the debt in | ncurred? | | - | | | |
| | a, GA 30345 | 00 | | | | | | |
| | Street City State Zlp Code | As of the date you file | e, the claim is: Check a | all that apply | | | | |
| Who incur | red the debt? Check one. | ☐ Contingent | | | | | | |
| ☐ Debtor ² | 1 only | ☐ Unliquidated | | | | | | |
| ☐ Debtor 2 | 2 only | □ Disputed | | | | | | |
| ■ Debtor | 1 and Debtor 2 only | Type of PRIORITY un | secured claim: | | | | | |
| _ | one of the debtors and another | ☐ Domestic support of | bbligations | | | | | |
| _ | f this claim is for a community | deht Tayes and certain o | other debts you owe the | a government | | | | |
| | n subject to offset? | | personal injury while yo | | | | | |
| ■ No | Judgeof to onder: | _ | polocial injury write ye | | | | | |
| ☐ Yes | | Other. Specify | | | | | | |

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| Debto | Charity Christian Sirmans | Case number (if know) | | | | |
|------------|---|--|---------------------------|--|--|--|
| 2.2 | Internal Revenue Services | Last 4 digits of account number \$0.00 | 50.00 \$0.00 | | | |
| | Priority Creditor's Name | | | | | |
| | PO Box 7346 | When was the debt incurred? | | | | |
| | Philadelphia, PA 19101 | As a fide of the control of the decorate of the control of the con | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | | | | |
| _ | Vho incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | \square At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the government | | | | |
| ls | s the claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | | | |
| | No | Other. Specify | | | | |
| | Yes | . , | | | | |
| Part 2 | List All of Your NONPRIORITY Unsecu | red Claims | | | | |
| 3. Do | any creditors have nonpriority unsecured claim | s against you? | | | | |
| П | No. You have nothing to report in this part. Submit | this form to the court with your other echedules | | | | |
| _ | 1 No. Tou have nothing to report in this part. Submit | this form to the court with your other schedules. | | | | |
| | Yes. | | | | | |
| un: tha | secured claim, list the creditor separately for each cl | alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already incorreditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more | | | |
| | | | Total claim | | | |
| 4.1 | Ameris Bank | Last 4 digits of account number | \$3,565.45 | | | |
| | Nonpriority Creditor's Name | | | | | |
| | PO Box 790408 | When was the debt incurred? | _ | | | |
| | Saint Louis, MO 63179-0408 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Check all that apply | | | | |
| | Debtor 1 only | Пол | | | | |
| | Debtor 2 only | ☐ Contingent | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | | |
| | _ | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | Student loans | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify | | | | |
| | | | = | | | |

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| Debto | or 2 Charity Christian Sirmans | | Case number (if know) | |
|-------|--|--|---|------------|
| 1.2 | Amex Nonpriority Creditor's Name | Last 4 digits of account number | 8393 | \$1,389.00 |
| | Po Box 297871 Fort Lauderdale, FL 33329 | When was the debt incurred? | Opened 08/16 Last Active 4/18/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | 1 | |
| 1.3 | Ar Resources Inc | Last 4 digits of account number | 4938 | \$683.00 |
| | Nonpriority Creditor's Name 1777 Sentry Pkwy W Blue Bell, PA 19422 | When was the debt incurred? | Opened 10/17 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Collection Med Asso | Attorney South Georgia Emerg | |
| 1.4 | Archbold Medical Center | Last 4 digits of account number | | \$3,087.00 |
| | Nonpriority Creditor's Name PO Box 890181 Charlotte, NC 28289-0181 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □ Yes | Other. Specify Medical Cla | •• | |
| | 50 | - Other Specify | | |

Debtor 1 Jamie Scott Sirmans

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| Debtor Debtor | Jamie Scott Sirmans Charity Christian Sirmans | | Case number (if know) | |
|------------------|--|--|---|-----------------|
| 4.5 | Archbold Primary Care | Last 4 digits of account number | | \$549.00 |
| | Nonpriority Creditor's Name C/o Gulf Coast Collection Bureau PO Box 21239 | When was the debt incurred? | | V 0.0000 |
| | Sarasota, FL 34276 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | _ | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □ Yes | Other. Specify Medical Co | | |
| 4.6 | Bk Of Amer | Last 4 digits of account number | 3361 | \$2,959.00 |
| | Nonpriority Creditor's Name Po Box 982238 El Paso TY 79998 | When was the debt incurred? | Opened 03/15 Last Active 1/03/17 | |
| | El Paso, TX 79998 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.7 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 0934 | \$2,685.00 |
| | 15000 Capital One Dr Richmond, VA 23238 | When was the debt incurred? | Opened 03/13 Last Active 1/20/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | I | |

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| Debtor Debtor | 1 Jamie Scott Sirmans 2 Charity Christian Sirmans | | Case number (if know) | | | |
|------------------|---|---|--|------------|--|--|
| 4.8 | Ccs/first Savings Bank Nonpriority Creditor's Name | Last 4 digits of account number | 7186 | \$459.00 | | |
| | 500 E 60th St N Sioux Falls, SD 57104 | When was the debt incurred? | Opened 11/16 Last Active 12/28/16 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ☐ Debtor 1 only ☐ Debtor 2 only | ☐ Contingent☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | | | | |
| 4.9 | Chase Card Nonpriority Creditor's Name | Last 4 digits of account number | 5654 | \$7,307.00 | | |
| | Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 11/14 Last Active 1/20/17 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.1 | Citibank Cards Nonpriority Creditor's Name | Last 4 digits of account number | | \$3,041.13 | | |
| | PO Box 9001039 Louisville, KY 40290-1037 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Credit card | purchases | | | |

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Debtor 1 Jamie Scott Sirmans Debtor 2 Charity Christian Sirmans Case number (if know) 4.1 **Colquitt Regional Medical Center** \$10.256.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 537042 When was the debt incurred? Atlanta, GA 30353 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Claim 4.1 Credit One Bank Na 2408 \$704.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/16 Last Active Po Box 98875 When was the debt incurred? 1/09/17 Las Vegas, NV 89193 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 Credit One Bank Na \$1.247.00 0011 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/12 Last Active Po Box 98875 When was the debt incurred? 12/27/16 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Jamie Scott Sirmans Debtor 2 Charity Christian Sirmans Case number (if know) 4.1 \$968.00 Cws/cw Nexus 8942 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/16 Last Active 101 Crossways Park Dr W When was the debt incurred? 1/03/17 Woodbury, NY 11797 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes \$494.00 **Directv XXXX** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? C/o Focus Receivables Management 1130 Northchase Pk Suite 150 Marietta, GA 30067 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Collection Account** Other. Specify 4.1 Directv \$494.49 Last 4 digits of account number Nonpriority Creditor's Name C/o Sequium Asset Solutions When was the debt incurred? 1130 Northchase Parkway Suite 150 Marietta, GA 30067 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Account ☐ Yes

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Debtor 1 Jamie Scott Sirmans Debtor 2 Charity Christian Sirmans Case number (if know)

| 4.1 | Discover Fin Svcs Llc | Last 4 digits of account number | 8129 | \$3,603.00 |
|-----|---|---|--|------------|
| | Nonpriority Creditor's Name | | | · , |
| | Pob 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 05/15 Last Active 1/01/17 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | First Bankcard | Last 4 digits of account number | | \$5,150.10 |
| | Nonpriority Creditor's Name PO Box 3331 | When was the debt incurred? | | |
| | Omaha, NE 68103-0331 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | a plans, and other similar debts | |
| | _ | , , | | |
| | Yes | Other. Specify Credit card | purcnases | |
| 4.1 | Fnb Omaha | Last 4 digits of account number | 0993 | \$5,257.00 |
| | Nonpriority Creditor's Name | | Opened 03/14 Last Active | |
| | Po Box 3412 Omaha, NE 68103 | When was the debt incurred? | 1/20/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

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| Debtor Debtor | Jamie Scott Sirmans Charity Christian Sirmans | | Case number (if know) | |
|------------------|---|--|--|------------|
| 4.2 | Fsb Blaze | Last 4 digits of account number | 8324 | \$453.00 |
| | Nonpriority Creditor's Name 5501 S Broadband Ln Sioux Falls, SD 57108 | When was the debt incurred? | Opened 11/16 Last Active 12/28/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.2 | Jh Portfolio Debt Equi | Last 4 digits of account number | 2612 | \$2,991.00 |
| | Nonpriority Creditor's Name 5757 Phantom Dr Ste 225 Hazelwood, MO 63042 | When was the debt incurred? | Opened 01/18 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Factoring C | Company Account Citibank N.A. | |
| 4.2 | Merchants Ad | Last 4 digits of account number | 9892 | \$209.00 |
| | Nonpriority Creditor's Name P O Box 7511 Mobile, AL 36670 | When was the debt incurred? | Opened 12/28/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Radiology | Assoc Of Moultrie | |

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| Debtor Debtor | 1 Jamie Scott Sirmans 2 Charity Christian Sirmans | | Case number (if know) | |
|------------------|--|--|---|----------|
| 4.2 | Merrick Bank | Last 4 digits of account number | | \$968.16 |
| | Nonpriority Creditor's Name PO Box 660175 | When was the debt incurred? | | |
| | Dallas, TX 75266-0175 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | 11,7 | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 4.2 | Pmab Llc | Last 4 digits of account number | 3523 | \$905.00 |
| | Nonpriority Creditor's Name 4135 S Stream Blvd Ste 4 | When was the debt incurred? | Opened 12/17 | |
| | Charlotte, NC 28217 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Emergency | Attorney Colquitt Regional | |
| 4.2 | Pmab Llc | Last 4 digits of account number | 0427 | \$905.00 |
| | Nonpriority Creditor's Name 4135 S Stream Blvd Ste 4 | When was the debt incurred? | Opened 02/18 | |
| | Charlotte, NC 28217 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam | э. Опеск ан шасарргу | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Collection Other. Specify Emergency | Attorney Colquitt Regional | |

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Debtor 1 Jamie Scott Sirmans Debtor 2 Charity Christian Sirmans Case number (if know) 4.2 **Portfolio Recov Assoc** 7148 \$3.628.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 When was the debt incurred? **Opened 09/17** Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Factoring Company Account U.S. Bank ☐ Yes Other. Specify **National Association** 4.2 \$209.00 Radiology Assoc of Moultrie Last 4 digits of account number Nonpriority Creditor's Name C/o Merchants Adjustment Services When was the debt incurred? 56 N. Florida St. Mobile, AL 36607 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Collection** Other, Specify South Georgia Emergency Med. 4.2 \$683.00 8 Assoc. Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 11755 Daytona Beach, FL 32120-1755 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

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| Debtoi Debtoi | 71 Jamie Scott Sirmans Charity Christian Sirmans | | Case number (if know) | |
|------------------|---|---|---|------------|
| 4.2 9 | Syncb/walmart | Last 4 digits of account number | 8297 | \$1,143.00 |
| | Nonpriority Creditor's Name | _ | Opened 11/16 Last Active | |
| | Po Box 965024 Orlando, FL 32896 | When was the debt incurred? | 1/09/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.3 | Syncb/walmart | Last 4 digits of account number | 8438 | \$1,090.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ1,030.00 |
| | Po Box 965024 | When was the debt incurred? | Opened 11/16 Last Active 4/19/17 | |
| | Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dami | S. Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | _ | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other Specify Charge Acc | count | |
| 4.3 | The Bureaus Inc | | 8957 | \$774.00 |
| 1 | Nonpriority Creditor's Name | Last 4 digits of account number | | \$774.00 |
| | 1717 Central St Evanston, IL 60201 | When was the debt incurred? | Opened 09/17 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | og plans, and other similar debts | |
| | | | • | |
| | ☐ Yes | Other. Specify Collection | Attorney Capital One N.A. | |

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| Debtor 2 Charity Christian Sirmans | | | Case number (if know) | | |
|------------------------------------|--|--|--|----------|--|
| 4.3 | The Bureaus Inc | Last 4 digits of account number | 5288 | \$398.00 | |
| | Nonpriority Creditor's Name 1717 Central St | When was the debt incurred? | Opened 09/17 | | |
| | Evanston, IL 60201 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | • | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | □ Yes | Other. Specify Collection | Attorney Capital One N.A. | | |
| 4.3 | Thomas County EMC | | | ¢745.25 | |
| 3 | Thomas County EMS Nonpriority Creditor's Name | Last 4 digits of account number | | \$715.35 | |
| | 1202 Remington Ave. | When was the debt incurred? | | | |
| | Thomasville, GA 31792 | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | ☐ Contingent | | | |
| | <u> </u> | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | | |
| | ☐ At least one of the debtors and another | Student loans | a ciaiii. | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Medical Cla | nim | | |
| 4.3 | The amount the Court of the Court of | | | ¢442.02 | |
| 4 | Thomasville Orthopedic Center Nonpriority Creditor's Name | Last 4 digits of account number | | \$443.62 | |
| | 100 Mimosa Dr., Ste 1R Thomasville, GA 31792 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | \square Check if this claim is for a community | Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other cimilar debte | | |
| | ■ No | | | | |
| | ☐ Yes | Other. Specify Medical Cla | iim | | |

Debtor 1 Jamie Scott Sirmans

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| Debtor Debtor | 1 Jamie Scott Sirmans 2 Charity Christian Sirmans | | Case number (if know) | |
|------------------|--|--|--|------------|
| 4.3 | Thomasville Physical Therapy | Last 4 digits of account number | | \$150.00 |
| | Nonpriority Creditor's Name PO Box 2476 | When was the debt incurred? | | |
| | Thomasville, GA 31799 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical Cla | nim | |
| 4.3 | Viacom/Exede | Last 4 digits of account number | | \$328.91 |
| U | Nonpriority Creditor's Name 5202 W. Douglas Corrigan Way Suite 300 | When was the debt incurred? | | |
| | Salt Lake City, UT 84116 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.3 | Wf Bank Na | Last 4 digits of account number | 7508 | \$2,062.00 |
| | Nonpriority Creditor's Name | - - | | |
| | Po Box 14517 Des Moines, IA 50306 | When was the debt incurred? | Opened 12/15 Last Active 12/28/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | d claim: | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Charge Acc | | |
| | | - Other Opeony | | |

Case 18-70844 Doc 1 Filed 07/20/18 Entered 07/20/18 10:13:31 Desc Main Document Page 34 of 64 Debtor 1 Jamie Scott Sirmans Debtor 2 Charity Christian Sirmans Case number (if know) 4.3 Wf Bank Na 7490 \$1.538.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 12/15 Last Active Po Box 14517 When was the debt incurred? 1/20/17 Des Moines, IA 50306 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Charge Account** Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? AR Resources, Inc Line 4.28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1056 Part 2: Creditors with Nonpriority Unsecured Claims Blue Bell, PA 19422 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Line 4.7 of (Check one): **Asset Recovery Solutions** ☐ Part 1: Creditors with Priority Unsecured Claims 2200 E. Devon Ave. Ste 200 Part 2: Creditors with Nonpriority Unsecured Claims Des Plaines, IL 60018-4501 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Cooling & Winter, Attorneys at Law Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1355 Roswell Rd, Ste 240 Part 2: Creditors with Nonpriority Unsecured Claims Marietta, GA 30062 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Douglas L. Brooks Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attorney at Law Part 2: Creditors with Nonpriority Unsecured Claims PO Box 8477 Atlanta, GA 31106 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Financial Recovery Assoc. Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 385908 ■ Part 2: Creditors with Nonpriority Unsecured Claims Minneapolis, MN 55438-5908 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor?

Name and Address
Frontline Asset Strategies
2700 Snelling Ave. N.

FirstSource Advantage, LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (*Check one*):

Part 2: Creditors with Nonpriority Unsecured Claims

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

Roseville, MN 55113

Stite 250

PO Box 628

Line **4.6** of (Check one):

Last 4 digits of account number

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Debtor 1 Jamie Scott Sirmans Debtor 2 Charity Christian Sirmans Case number (if know) Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Gulf Coast Collection Bureau** Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 21239 ■ Part 2: Creditors with Nonpriority Unsecured Claims Sarasota, FL 34276 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Jason Craig & Associates** Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 720687 Part 2: Creditors with Nonpriority Unsecured Claims Atlanta, GA 30358 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? JH Portfolio Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 2207 ■ Part 2: Creditors with Nonpriority Unsecured Claims Augusta, GA 30903-2207 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? LTD Financial Services Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7322 Southwest Freeway Part 2: Creditors with Nonpriority Unsecured Claims Houston, TX 77074 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Midland Credit Management Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 60578 Part 2: Creditors with Nonpriority Unsecured Claims Los Angeles, CA 90060 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Midland Funding LLC Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2365 Northside Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 300 San Diego, CA 92108 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Midland Funding LLC Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2365 Northside Drive ■ Part 2: Creditors with Nonpriority Unsecured Claims Suite 300 San Diego, CA 92108 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **MRS BPO** Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1930 Olney Ave. Part 2: Creditors with Nonpriority Unsecured Claims Cherry Hill, NJ 08003 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Portfolio Recov Assoc** Line 4.29 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 120 Corporate Blvd Ste 1 Part 2: Creditors with Nonpriority Unsecured Claims Norfolk, VA 23502 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Portfolio Recov Assoc** Line 4.30 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 120 Corporate Blvd Ste 1 ■ Part 2: Creditors with Nonpriority Unsecured Claims Norfolk, VA 23502 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Superior Court of Thomas County** Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1995 Part 2: Creditors with Nonpriority Unsecured Claims Thomasville, GA 31799 Last 4 digits of account number

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Debtor 1 Jamie Scott Sirmans
Debtor 2 Charity Christian Sirmans

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | - | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim |
| Total claims | OI. | ottudent loans | Oi. | Φ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 73,492.21 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 73,492.21 |

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| | | 1700.11111 | III Paue 37 UI 04 | |
|---------------------|--------------------------|--------------------|-------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Jamie Scott Sirm | ans | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Charity Christian | Sirmans | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | GEORGIA | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Olate | Zii Oodc | |
| 0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | <u> </u> | 2 0000 | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | | | 2.00.0 | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |

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| | | Document | Page 38 o | f 64 | |
|----------------------------|--|---|-----------------------|---------------------------------------|--|
| Fill in thi | s information to identify yo | our case: | | | |
| Debtor 1 | Jamie Scott S | | | | |
| Dahtan | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | Charity Christ First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for th | e: MIDDLE DISTRICT OF GEO | RGIA | | |
| Case nun | mber | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | | |
| Sche | dule H: Your Co | odebtors | | | 12/15 |
| 1. Do | you have any codebtors? | wn). Answer every question. (If you are filing a joint case, do no | ot list either spouse | as a codebtor. | |
| ■ No | | | | | |
| | | you lived in a community proper ana, Nevada, New Mexico, Puerto | | | |
| | o. Go to line 3. es. Did your spouse, former s | spouse, or legal equivalent live with | n you at the time? | | |
| in lin Form | ie 2 again as a codebtor or | nly if that person is a guarantor o | or cosigner. Make s | sure you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State a | nd ZIP Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| <u></u> | Name | | | □ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, lir | ne |
| <u></u> _ | Name | | | _ ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to iden | ify your case: | | |
|-------------|--|---|---|--|
| De | btor 1 Jam | ie Scott Sirmans | | |
| | btor 2 Cha | rity Christian Sirmans | | |
| Un | ited States Bankruptcy Co | urt for the: MIDDLE DISTRICT | OF GEORGIA | |
| (If k | se number nown) | | _ | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: |
| <u>O</u> | fficial Form 106 | <u>81</u> | | MM / DD/ YYYY |
| S | chedule Ι: Υοι | ır Income | | 12/15 |
| spo atta | ruse. If you are separated that a separate sheet to the state of the separate sheet to the separate sheet to the separate sheet to the separate sheet to the separate sheet sh | I and your spouse is not filing voils form. On the top of any addit | vith you, do not include informa | living with you, include information about your ation about your spouse. If more space is needed, and case number (if known). Answer every question. |
| 1. | Fill in your employmer information. | nt | Debtor 1 | Debtor 2 or non-filing spouse |
| | If you have more than o attach a separate page | with Employment status | ■ Employed□ Not employed | ■ Employed□ Not employed |
| | information about addition employers. | onal Occupation | Fork Lift Operator | Customer Service |
| | Include part-time, seaso self-employed work. | nal, or Employer's name | BCT Gin Co. Inc. | Alorica At Home, LLC |
| | Occupation may include or homemaker, if it appl | | 470 BCT Gin Road Quitman, GA 31643 | 5 Park Plaza Suite 1100 Irvine, CA 92614 |
| | | How long employed | there? 1 Month | 1 1/2 years |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.
 Calculate gross Income. Add line 2 + line 3.

| | | 10120001 | | ling spouse |
|----|-----|----------|-----|-------------|
| 2. | \$ | 1,798.25 | \$ | 287.54 |
| 3. | +\$ | 0.00 | +\$ | 0.00 |
| 4. | \$ | 1,798.25 | \$ | 287.54 |

For Debtor 1 For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

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| | tor 1 tor 2 | Jamie Scott Sirmans Charity Christian Sirmans | _ | Ca | se number (if known) | | | | |
|-----|-----------------------|--|-------------------------|------------------|----------------------|--------------------|-----------------|------------------------|--|
| | | | | | For Debtor 1 | | Debtor | | |
| | Cop | y line 4 here | 4. | \$ | 1,798.25 | \$_ | | 287.54 | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 237.94 | \$ | | 23.51 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | | \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | \$ | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | | \$ | | 0.00 | _ |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | | 0.00 |) |
| | 5f. | Domestic support obligations | 5f. | \$ | 293.41 | \$ | | 0.00 |) |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | | 0.00 | <u> </u> |
| | 5h. | Other deductions. Specify: | 5h.+ | ⊦ \$ | 0.00 | + \$_ | | 0.00 | <u>) </u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 531.35 | \$ | | 23.51 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,266.90 | \$ | | 264.03 | <u>3_</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | | 0.00 | • |
| | 8b. | Interest and dividends | 8b. | \$ | | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | t 8c. | \$ | 0.00 | \$ | | 0.00 | _ |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | | 0.00 |) |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | | 0.00 |) |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps Pension or retirement income Other monthly income. Specify: | e 8f. 8g. 8h.+ | \$ \$ + \$ | 0.00 | \$_ \$_ + \$ | , | 416.00 0.00 0.00 | <u> </u> |
| | | | _ | | | · - | | | <u>-</u> |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 0.00 | \$_ | | 416.0 | 0 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | _ | 1,266.90 + \$ | | 680.03 | = \$ | 1,946.93 |
| 11. | Inclu othe Do r | te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r depen | | • | • | Schedule 11. | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | 12. | \$ | 1,946.93 |
| 13. | _ ` | you expect an increase or decrease within the year after you file this form | 1? | | | | | Combi month | ned ly income |
| | | No. Yes Explain: | | | | | | | |

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| Fill | in this informa | tion to identify yo | our case. | | | 1 | | |
|--------|--|---------------------------------------|-------------------------|--|-----------------------|---------------|-------------------|-------------------------------|
| | tor 1 | Jamie Scott | | | | Chec | k if this is: | |
| | | Jaime Ocott | Onmans | | | | An amended filing | |
| | tor 2 | Charity Chris | stian Sirı | mans | | | | wing postpetition chapter |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: |
| Unit | ed States Bankı | uptcy Court for the: | MIDDLI | E DISTRICT OF GEORGIA | λ | _ | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| (11 10 | nown, | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your I | | | | | | 12/1 |
| info | ormation. If manual man | | eded, atta y questio | . If two married people ar ich another sheet to this n. | | | | |
| 1. | Is this a joir | | noiu | | | | | |
| | □ No. Go to | | | | | | | |
| | Yes. Doe | s Debtor 2 live i | n a separ | ate household? | | | | |
| | ■ N | | | | | | | |
| | | | t file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Debt | or 2 | |
| | | | | arr 01111 1000 2, <i>Expone</i> 00 | Tor Coparate Floade | mora or Bobi | .01 2. | |
| 2. | Do you have | e dependents? | ☐ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 2 | Yes |
| | | | | | | | | □ No |
| | | | | | Son | | 6 | Yes |
| | | | | | | | | □ No |
| | | | | | Daughter | | . <u>7</u> | Yes |
| | | | | | | | | □ No |
| 3. | Do vour ovr | enses include | _ | | | | | ☐ Yes |
| ٥. | expenses o | f people other the d your depender | ^{han} ┌ | No Yes | | | | |
| exp | imate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance in cluded it on <i>Schedule I:</i> Y | | | | |
| | ficial Form 10 | | u nave me | idaea it on <i>Schedule I. 1</i> | our moome | | Your exp | enses |
| 4. | | or home owners | | nses for your residence. In or lot. | nclude first mortgage | e 4. \$ | | 500.00 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | maintenance, re | | upkeep expenses | | 4c. \$ | | 0.00 |
| | //d Hcmc | OWNOR'S ASSOCIAT | ion or con | aominium duoc | | 7A C | | 0.00 |

5. Additional mortgage payments for your residence, such as home equity loans

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| Jamie Scott Sirmans | | | |
|---|--|---------------------------|---------------------------|
| Charity Christian Sirmans | Case numb | er (if known) | |
| ies: | | | |
| | 6a. | \$ | 300.00 |
| | 6b. | \$ | 0.00 |
| Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 70.00 |
| Other. Specify: | 6d. | \$ | 0.00 |
| I and housekeeping supplies | | \$ | 650.00 |
| Icare and children's education costs | 8. | \$ | 0.00 |
| ning, laundry, and dry cleaning | 9. | \$ | 50.00 |
| onal care products and services | 10. | \$ | 50.00 |
| cal and dental expenses | 11. | \$ | 0.00 |
| sportation. Include gas, maintenance, bus or train fare. | | | |
| ot include car payments. | | · | 200.00 |
| rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| itable contributions and religious donations | 14. | \$ | 0.00 |
| rance. | | | |
| | 45- | • | 0.00 |
| | | | 0.00 |
| | | · | 0.00 |
| | | * | 115.00 |
| · · · · · · · · · · · · · · · · · · · | 15d. | \$ | 0.00 |
| | 16 | ¢ | 0.00 |
| <u> </u> | | Φ | 0.00 |
| | 17a | \$ | 0.00 |
| | | | 0.00 |
| 1 7 | | | 0.00 |
| · · · · · · · · · · · · · · · · · · · | | * | 0.00 |
| | | Ψ | 0.00 |
| | | \$ | 0.00 |
| | | \$ | 0.00 |
| ify: | 19. | | |
| r real property expenses not included in lines 4 or 5 of this form or on So | chedule I: You | ır Income. | |
| Mortgages on other property | 20a. | \$ | 0.00 |
| Real estate taxes | 20b. | \$ | 0.00 |
| Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| r: Specify: | 21. | +\$ | 0.00 |
| ulata valus manthiu aynanaa | | | |
| | | ¢ | 4 025 00 |
| | 2 | | 1,935.00 |
| | -2 | | |
| Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,935.00 |
| ulate your monthly net income. | L | | |
| Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,946.93 |
| Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,935.00 |
| | г | - | |
| Subtract your monthly expenses from your monthly income. | | • | 44.00 |
| The result is your monthly net income. | 23c. | \$ | 11.93 |
| | | | |
| | | | |
| ou expect an increase or decrease in your expenses within the year after | | | or degrees because of |
| cample, do you expect to finish paying for your car loan within the year or do you expect y | | | or decrease because of a |
| | | | or decrease because of a |
| I I I C C S C T i C C C C C C C C C C C C C C C C C | Charity Christian Sirmans les: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Ind housekeeping supplies Icare and children's education costs sing, laundry, and dry cleaning ponal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. to include car payments. tainment, clubs, recreation, newspapers, magazines, and books itable contributions and religious donations ance. Life insurance Health insurance Vehicle insurance Other insurance, specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20. Iffy: Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not report cted from your pay on line 5, Schedule 1, Your Income (Official Form 106 r payments you make to support others who do not live with you. Iffy: Ir real property expenses not included in lines 4 or 5 of this form or on S Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Tr. Specify: Lilate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J- Add line 22a and 22b. The result is your monthly expenses. Lilate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. | Charity Christian Sirmans | Charity Christian Sirmans |

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| Fill in this infor | mation to identify your | case: | |
|---|---|--|---|
| Debtor 1 | Jamie Scott Sirm | ans | |
| | First Name | Middle Name Last Name | |
| Debtor 2 | Charity Christian | Sirmans | |
| (Spouse if, filing) | First Name | Middle Name Last Name | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF GEORGIA | |
| Coso number | | | |
| Case number _ | | | ☐ Check if this is an |
| , | | | amended filing |
| If two married pe You must file thi obtaining money | eople are filing togethe s form whenever you f | n Individual Debtor's Schedules r, both are equally responsible for supplying correct information. le bankruptcy schedules or amended schedules. Making a false son connection with a bankruptcy case can result in fines up to \$25, 519, and 3571. | statement, concealing property, or |
| Sign | n Below | | |
| Did you pa | y or agree to pay some | one who is NOT an attorney to help you fill out bankruptcy forms | ? |
| ■ No | | | |
| ☐ Yes. N | Name of person | | Bankruptcy Petition Preparer's Notice, tion, and Signature (Official Form 119) |
| | Ity of perjury, I declare e true and correct. | that I have read the summary and schedules filed with this declar | ration and |
| X /s/ Jam | nie Scott Sirmans | X /s/ Charity Christian Sirm | ans |
| | Scott Sirmans | Charity Christian Sirmans | |
| Signatu | re of Debtor 1 | Signature of Debtor 2 | |
| Date | July 20, 2018 | Date _ July 20, 2018 | |

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| | n this inforn | nation to identify you | . casa. | | | | | | | |
|-----------------|---------------------|---|--|---|---|---|--|--|--|--|
| Debt | | Jamie Scott Sirn | | | | | | | | |
| Debi | OI I | First Name | Middle Name | Last Name | | | | | | |
| Debt | | Charity Christian | | | | | | | | |
| (Spou | se if, filing) | First Name | Middle Name | Last Name | | | | | | |
| Unite | ed States Bar | nkruptcy Court for the: | MIDDLE DISTRICT OF C | GEORGIA | | | | | | |
| Case (if kno | e number wn) | | | | | Check if this is an amended filing | | | | |
| Sta Be as | complete a | of Financial | ble. If two married people | | Bankruptcy equally responsible for sup y additional pages, write yo | | | | | |
| numk | er (if knowr | n). Answer every ques | stion. | · | , aaaaaa pagaa, aaaa , a | | | | | |
| Part | | | rital Status and Where You | u Lived Before | | | | | | |
| 1. \ | What is you | r current marital statu | s? | | | | | | | |
| | ■ Married □ Not mar | ried | | | | | | | | |
| 2. I | During the la | ne last 3 years, have you lived anywhere other than where you live now? | | | | | | | | |
| | ■ No □ Yes. Lis | t all of the places you li | ived in the last 3 years. Do n | ot include where you live nov | v. | | | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there | | | | |
| | | | | | nity property state or territor ico, Texas, Washington and V | | | | | |
| | ■ No □ Yes. Ma | ike sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | official Form 106H). | | | | | | |
| Part | 2 Explai | n the Sources of You | r Income | | | | | | | |
| I | Fill in the tota | al amount of income yo | u received from all jobs and | ng a business during this y all businesses, including part re together, list it only once u | | ndar years? | | | | |
| ı | □ No | | | | | | | | | |
| I | Yes. Fill | in the details. | | | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$12,007.46 | ■ Wages, commissions, bonuses, tips | \$3,232.97 | | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | | | |

Official Form 107

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Page 45 of 64 Document **Jamie Scott Sirmans** Debtor 1 Debtor 2 **Charity Christian Sirmans** Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$33,292.00 \$0.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$31,181.00 \$0.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income from Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

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Debtor 2 **Charity Christian Sirmans** Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Amount you Reason for this payment **Total amount** still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number First National Bank of Omaha Subpoena For The **Superior Court of Thomas** □ Pending Production of County □ On appeal Jamie S. Sirmans Evidence At A PO Box 1995 □ Concluded SUCV2017000699 Deposition Thomasville, GA 31799 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes

Jamie Scott Sirmans

Debtor 1

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| | otor 1 otor 2 | Jamie Scott Sirmans Charity Christian Sirmans | | Document | Case | e number (i | f known) | |
|-----|------------------|---|----------|---|---|--------------|-----------------------------------|--------------------------|
| Par | t 5: | List Certain Gifts and Contributions | s | | | | | |
| 13. | ■ ¹ | in 2 years before you filed for bankru No Yes. Fill in the details for each gift. s with a total value of more than \$60 | . , | did you give any gi | | of more th | Dates you gave | ? Value |
| | Pers | person son to Whom You Gave the Gift and ress: | | | | | the gifts | |
| 14. | = 1 | in 2 years before you filed for bankru No Yes. Fill in the details for each gift or co | | , , , , | fts or contributions w | vith a total | value of more than | \$600 to any charity? |
| | more Char | s or contributions to charities that to e than \$600 rity's Name ress (Number, Street, City, State and ZIP Code | | Describe what yo | ou contributed | | Dates you contributed | Value |
| Par | t 6: | List Certain Losses | | | | | | |
| 15. | or ga | in 1 year before you filed for bankrup imbling? No Yes. Fill in the details. | otcy or | since you filed for | bankruptcy, did you | lose anyth | ning because of the | ft, fire, other disaster |
| | | cribe the property you lost and the loss occurred | Include | the amount that ins | coverage for the loss surance has paid. List p B of Schedule A/B: Pro | | Date of your loss | Value of property lost |
| Par | t 7: | List Certain Payments or Transfers | i | | | | | |
| 16. | Includ | in 1 year before you filed for bankrupulted about seeking bankruptcy or pube any attorneys, bankruptcy petition pube. No Yes. Fill in the details. | reparir | ng a bankruptcy pe | etition? | | | erty to anyone you |
| | Addı Ema | son Who Was Paid ress iil or website address son Who Made the Payment, if Not Y | ou | Description and transferred | value of any property | 1 | Date payment or transfer was made | Amount of payment |
| | PO I | ter, Carter & Carter Attys Box 381 el, GA 31620 | | \$800.00 Attorn \$40.00 Credit C \$50.00 Credit R \$335.00 Court | Counseling Reports | | 5/16/2018 | \$1,225.00 |
| 17. | prom | in 1 year before you filed for bankru hised to help you deal with your cred ot include any payment or transfer that | litors o | r to make payment | | half pay or | r transfer any prope | erty to anyone who |
| | _ | No You Fill in the details | | | | | | |
| | _ | Yes. Fill in the details. son Who Was Paid ress | | Description and transferred | value of any property | 1 | Date payment or transfer was made | Amount of payment |

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Jamie Scott Sirmans Charity Christian Sirmans Debtor 2

Case number (if known)

| Person Who Received Transfer Address Description and value of property transferred Describe any property or payments received or dobts pad in exchange Person's relationship to you | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than pr transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | | |
|--|---|--|------------------------------|----------------------|-------------------|---------------------|---|--|--|--|
| beneficiary? (These are often called asset-protection devices.) Name of trust Description and value of the property transferred made Date Transfer wa made Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. No Yes. Fill in the details. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. | | Person Who Received Transfer Address | • | | payments red | eived or debts | Date transfer was made | | | |
| Marco Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units | 19. | beneficiary? (These are often called asset-pro ■ No | or similar device o | f which you are a | | | | | | |
| No Yes. Fill in the details. Name of Financial Institution No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Address | | Name of trust | Description and v | alue of the prope | rty transferred | | Date Transfer was made | | | |
| Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument closed, sold, moved, or transferred Last balance closed, sold, moved, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) | Par | t 8: List of Certain Financial Accounts, Ins | truments, Safe Deposit | Boxes, and Stora | age Units | | | | | |
| Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred before closing transferred transferred closed, sold, moved, or other depository for securities, cash, or other valuables? No | 20. | sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No | r other financial accour | nts; certificates of | • | • | , , | | | |
| Cash, or other valuables? ■ No | | Address (Number, Street, City, State and ZIP | • | J. | | l, sold, l, or | Last balance before closing or transfer | | | |
| Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value Address (Number, Street, City, State and ZIP Code) Value Address (Number, Street, City, State and ZIP Code) | cash, or other valuables? No | | | | | | | | | |
| No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value of Street, City, State and ZIP Code) Value of Street, City, State and ZIP Code) | | | Address (Number, S | nber, Street, City, | | tents | | | | |
| Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value Val | 22. | ■ No | r place other than your | home within 1 ye | ear before you fi | led for bankruptcy | ? | | | |
| 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. ■ No □ Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value | | | to it? Address (Number, S | | escribe the con | tents | | | | |
| for someone. No Yes. Fill in the details. Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Value Code) Value V | Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | | | | |
| Address (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code) (Number, Street, City, State and ZIP Code) | 23. | for someone. No | neone else owns? Inclu | ide any property | you borrowed f | rom, are storing fo | r, or hold in trust | | | |
| Part 10: Give Details About Environmental Information | | | (Number, Street, City, S | | escribe the pro | perty | Value | | | |
| For the purpose of Part 10, the following definitions apply: | | | | | | | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Jamie Scott Sirmans Debtor 2 **Charity Christian Sirmans**

Case number (if known)

| | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | | | |
|-----|--|--|--|---|-------------------|--|--|--|--|
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | |
| Rep | ort a | II notices, releases, and proceedings the | hat you know about, regardless of when | they occurred. | | | | | |
| 24. | Has | any governmental unit notified you the | at you may be liable or potentially liable u | under or in violation of an environm | ental law? | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Hav | e you notified any governmental unit o | f any release of hazardous material? | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | . Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No | | | | | | | | |
| | Ca | Yes. Fill in the details. se Title | Court or agency | Nature of the case | Status of the | | | | |
| | | se Number | Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | case | | | | |
| Pai | t 11: | Give Details About Your Business of | Connections to Any Business | | | | | | |
| 27. | Witl | hin 4 years before you filed for bankrup | otcy, did you own a business or have any | of the following connections to an | y business? | | | | |
| | | ☐ A sole proprietor or self-employed | in a trade, profession, or other activity, e | either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | |
| | | A partner in a partnership | vecenting of a comparation | | | | | | |
| | | An officer, director, or managing e | · | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | _ | No. None of the above applies. Go to | | | | | | | |
| | | , | Il in the details below for each business. | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. | | | | | |
| | | | · | Dates business existed | | | | | |
| 28. | | hin 2 years before you filed for bankrup itutions, creditors, or other parties. | otcy, did you give a financial statement to | anyone about your business? Incl | ude all financial | | | | |
| | | No | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | |

Part 12: Sign Below

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Jamie Scott Sirmans Debtor 1 Debtor 2 **Charity Christian Sirmans** Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Jamie Scott Sirmans /s/ Charity Christian Sirmans **Charity Christian Sirmans Jamie Scott Sirmans** Signature of Debtor 1 Signature of Debtor 2 Date July 20, 2018 Date July 20, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform | nation to identify your | case: | | I |
|---------------------------------------|---|------------------------|--|--|
| Debtor 1 | Jamie Scott Sirm | ane | |] |
| Debtor 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | Charity Christian | Sirmans | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ban | kruptcy Court for the: | MIDDLE DISTRIC | T OF GEORGIA | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |
| Official For Statemen | | n for Indiv | iduals Filing Under Chapt | er 7 12/15 |
| | vidual filing under cha claims secured by yo | | out this form if: | |
| you have lease | ed personal property a | and the lease has no | ot expired. you file your bankruptcy petition or by the date : | set for the meeting of creditors. |
| | er is earlier, unless th | | e time for cause. You must also send copies to t | |
| | ople are filing together | r in a joint case, bot | th are equally responsible for supplying correct | information. Both debtors must |
| | nd accurate as possib ur name and case nur | | needed, attach a separate sheet to this form. Or | n the top of any additional pages, |
| Part 1: List Yo | ur Creditors Who Have | e Secured Claims | | |
| For any credito information bel | | art 1 of Schedule D: | Creditors Who Have Claims Secured by Proper | ty (Official Form 106D), fill in the |
| Identify the cree | ditor and the property t | hat is collateral | What do you intend to do with the property the secures a debt? | at Did you claim the property as exempt on Schedule C? |
| Creditor's N a | ationstar/mr. Coope | r | Currender the preparty | □ No |
| name: | | • | Surrender the property.Retain the property and redeem it. | — 110 |
| | | | ☐ Retain the property and redeem it. | ■ Yes |
| Description of | 911 Stephenson R | d. Boston, GA | Reaffirmation Agreement. | |
| property securing debt: | 31626 Thomas Co 9.15 Acres & Home | • | ☐ Retain the property and [explain]: | |
| | | | | |
| For any unexpired in the information | below. Do not list rea | ase that you listed i | in Schedule G: Executory Contracts and Unexpi expired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p | the lease period has not yet ended. |
| Describe vour un | nexpired personal pro | perty leases | | Will the lease be assumed? |
| | , , | , | | |
| Lessor's name: | | | | □ No |
| Description of leas | sed | | | _ |
| Property: | | | | ☐ Yes |
| Lessor's name: Description of leas | sed | | | □ No |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

page 1

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| | | Jamie Scott Sirmans Charity Christian Sirmans | Case number (if known) |
|------|---|---|---|
| | _ | | |
| | cription perty: | of leased | □ No |
| FIO | berty. | | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| | sor's na | | □ No |
| | cription perty: | of leased | ☐ Yes |
| Part | 3: S | ign Below | |
| | | Ity of perjury, I declare that I have in at is subject to an unexpired lease. | eated my intention about any property of my estate that secures a debt and any personal |
| Χ | /s/ Ja | mie Scott Sirmans | X /s/ Charity Christian Sirmans |
| | Jamie Scott Sirmans Signature of Debtor 1 | | Charity Christian Sirmans Signature of Debtor 2 |
| | Date | July 20, 2018 | Date July 20, 2018 |

| Fill in this information to identify your case: | | | | | | | |
|--|--------------------------|----------------------------|---|--|--|--|--|
| Debtor 1 | Jamie Scott Sirmans | | | | | | |
| Debtor 2 Charity Christian Sirmans Charity Christian Sirmans | | | | | | | |
| United States B | ankruptcy Court for the: | Middle District of Georgia | _ | | | | |
| Case number (if known) | | | _ | | | | |

| Check one box only | as directed | in this t | form ar | nd in | Form |
|--------------------|-------------|-----------|---------|-------|------|
| 122A-1Supp: | | | | | |

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test* Calculation (Official Form 122A-2).
- □ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
 - ☐ Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - □ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Column A

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | Debte | or 1 | Debto non-fi | r 2 or ling spouse |
|---|--|-----------------------------------|-------|----------|-----------------|-----------------------|
| Your gross wages, salary, tips, bonuses, overtim payroll deductions). | e, and commissi | ons (before all | \$ | 1,868.74 | \$ | 132.71 |
| Alimony and maintenance payments. Do not included Column B is filled in. | de payments from | a spouse if | \$ | 0.00 | \$ | 0.00 |
| 4. All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househ and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3 | rt. Include regula old, your depende spouse only if Co | r contributions ents, parents, | \$ | 0.00 | \$ | 0.00 |
| 5. Net income from operating a business, professio | | | | | | |
| | | btor 1 | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | _ | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | - | | | | |
| Net monthly income from a business, profession, or f | arm \$ 0.00 | Copy here -> 3 | \$ | 0.00 | \$ | 0.00 |
| 6. Net income from rental and other real property | | | | | | |
| | De | btor 1 | | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 | - | | | | |
| Net monthly income from rental or other real property | \$ 0.00 | Copy here -> : | \$ | 0.00 | \$ | 0.00 |
| 7. Interest, dividends, and royalties | | | \$ | 0.00 | \$ | 0.00 |

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Jamie Scott Sirmans Debtor 1 **Charity Christian Sirmans** Debtor 2 Case number (if known) Column B Column A Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total current monthly income. Add lines 2 through 10 for 1,868.74 +|\$ 132.71 2,001.45 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 2,001.45 Multiply by 12 (the number of months in a year) **x** 12 24,017.40 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: GA Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 88,438.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Jamie Scott Sirmans X /s/ Charity Christian Sirmans **Jamie Scott Sirmans Charity Christian Sirmans** Signature of Debtor 1 Signature of Debtor 2 Date July 20, 2018 Date July 20, 2018 MM / DD / YYYY MM / DD / YYYY

Official Form 122A-1

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-70844 Doc 1 Filed 07/20/18 Entered 07/20/18 10:13:31 Desc Main Document Page 59 of 64

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Georgia

| In 1 | Jamie Scott Sirmans Charity Christian Sirmans | | Case No. | | |
|------------|--|---|---------------------------|--------------------------------|---------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | SATION OF ATTO | RNEY FOR DE | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation. | of the petition in bankruptcy. | , or agreed to be paid | to me, for services rendered | or to |
| | | | | 800.00 | |
| | Prior to the filing of this statement I have received | | \$ | 800.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| l. | ■ I have not agreed to share the above-disclosed compens | sation with any other person | unless they are members | pers and associates of my lav | v firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | . A |
| 5. | In return for the above-disclosed fee, I have agreed to rende | er legal service for all aspec | ts of the bankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and renderinb. Preparation and filing of any petition, schedules, statemc. Representation of the debtor at the meeting of creditorsd. [Other provisions as needed] | ent of affairs and plan which | n may be required; | | |
| 5 . | By agreement with the debtor(s), the above-disclosed fee de | oes not include the following | g service: | | |
| | | CERTIFICATION | | | |
| this | I certify that the foregoing is a complete statement of any asbankruptcy proceeding. | greement or arrangement for | payment to me for re | epresentation of the debtor(s) |) in |
| | July 20, 2018 | /s/ Frank H Carte | | | |
| | Date | Frank H Carter 5 | | | |
| | | Signature of Attorne Carter, Carter, Ca | ey arter, Attorneys at | Law. LLC | |
| | | 309 N Parrish Av | | | |
| | | PO Box 381 | | | |
| | | Adel, GA 31620 | v. 220 906 46E4 | | |
| | | 229-896-4513 Fa jackwcarter1@w | | | |
| | | Name of law firm | | | |
| | | . . . | | | |

Case 18-70844 Doc 1 Filed 07/20/18 Entered 07/20/18 10:13:31 Desc Main Document Page 60 of 64

United States Bankruptcy Court Middle District of Georgia

| In re | Jamie Scott Sirmans Charity Christian Sirmans | | Case No. | |
|---------|---|---|----------|---------------------|
| | - Charley Chinosian Chinano | Debtor(s) | Chapter | 7 |
| The abo | VERIFICA by ove-named Debtors hereby verify that the att | TION OF CREDITOR I | | of their knowledge. |
| Date: | July 20, 2018 | /s/ Jamie Scott Sirmans Jamie Scott Sirmans | | |
| | | Signature of Debtor | | |
| Date: | July 20, 2018 | /s/ Charity Christian Sirmans | | |
| | | Charity Christian Sirmans | | |

Signature of Debtor

Ameris Bank PO Box 790408 Saint Louis, MO 63179-0408

Amex Po Box 297871 Fort Lauderdale, FL 33329

Ar Resources Inc 1777 Sentry Pkwy W Blue Bell, PA 19422

AR Resources, Inc PO Box 1056 Blue Bell, PA 19422

Archbold Medical Center PO Box 890181 Charlotte, NC 28289-0181

Archbold Primary Care C/o Gulf Coast Collection Bureau PO Box 21239 Sarasota, FL 34276

Asset Recovery Solutions 2200 E. Devon Ave. Ste 200 Des Plaines, IL 60018-4501

Bk Of Amer Po Box 982238 El Paso, TX 79998

Capital One 15000 Capital One Dr Richmond, VA 23238

Ccs/first Savings Bank 500 E 60th St N Sioux Falls, SD 57104

Chase Card Po Box 15298 Wilmington, DE 19850

Citibank Cards PO Box 9001039 Louisville, KY 40290-1037

Colquitt Regional Medical Center PO Box 537042 Atlanta, GA 30353

Cooling & Winter, Attorneys at Law 1355 Roswell Rd, Ste 240 Marietta, GA 30062

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193

Cws/cw Nexus 101 Crossways Park Dr W Woodbury, NY 11797

Directv C/o Focus Receivables Management 1130 Northchase Pk Suite 150 Marietta, GA 30067

Directv C/o Sequium Asset Solutions 1130 Northchase Parkway Suite 150 Marietta, GA 30067

Discover Fin Svcs Llc Pob 15316 Wilmington, DE 19850

Douglas L. Brooks Attorney at Law PO Box 8477 Atlanta, GA 31106

Financial Recovery Assoc. PO Box 385908 Minneapolis, MN 55438-5908

First Bankcard PO Box 3331 Omaha, NE 68103-0331

FirstSource Advantage, LLC PO Box 628 Buffalo, NY 14240-0628

Fnb Omaha Po Box 3412 Omaha, NE 68103

Frontline Asset Strategies 2700 Snelling Ave. N. Stite 250 Roseville, MN 55113

Fsb Blaze 5501 S Broadband Ln Sioux Falls, SD 57108

Georgia Department of Revenue ARCS - Bankruptcy 1800 Century Blvd NE, Suite 9100 Atlanta, GA 30345

Gulf Coast Collection Bureau PO Box 21239 Sarasota, FL 34276

Internal Revenue Services PO Box 7346 Philadelphia, PA 19101

Jason Craig & Associates PO Box 720687 Atlanta, GA 30358

JH Portfolio PO Box 2207 Augusta, GA 30903-2207

Jh Portfolio Debt Equi 5757 Phantom Dr Ste 225 Hazelwood, MO 63042

LTD Financial Services 7322 Southwest Freeway Houston, TX 77074

Merchants Ad P O Box 7511 Mobile, AL 36670

Merrick Bank PO Box 660175 Dallas, TX 75266-0175

Midland Credit Management PO Box 60578 Los Angeles, CA 90060

Midland Funding LLC 2365 Northside Drive Suite 300 San Diego, CA 92108

MRS BPO 1930 Olney Ave. Cherry Hill, NJ 08003 Nationstar/mr. Cooper 350 Highland Dr Lewisville, TX 75067

Pmab Llc 4135 S Stream Blvd Ste 4 Charlotte, NC 28217

Portfolio Recov Assoc 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Radiology Assoc of Moultrie C/o Merchants Adjustment Services 56 N. Florida St. Mobile, AL 36607

South Georgia Emergency Med. Assoc. PO Box 11755
Daytona Beach, FL 32120-1755

Superior Court of Thomas County PO Box 1995
Thomasville, GA 31799

Syncb/walmart Po Box 965024 Orlando, FL 32896

The Bureaus Inc 1717 Central St Evanston, IL 60201

Thomas County EMS 1202 Remington Ave. Thomasville, GA 31792

Thomasville Orthopedic Center 100 Mimosa Dr., Ste 1R Thomasville, GA 31792

Thomasville Physical Therapy PO Box 2476
Thomasville, GA 31799

Viacom/Exede 5202 W. Douglas Corrigan Way Suite 300 Salt Lake City, UT 84116

Wf Bank Na Po Box 14517 Des Moines, IA 50306